



000(SCANLINE)00

I WAIVE MY RIGHT TO A HEARING AND ELECT TO PAY. PAYMENT IS CONSIDERED AN ADMISSION OF LIABILITY.

IF YOUR PAYMENT OR COURT REQUEST IS NOT RECEIVED WITHIN THIRTY (30) CALENDAR DAYS OF THE MAIL DATE OF THE TICKET, A PENALTY OF \$25 WILL BE ASSESSED

Payment Options:

PAY BY WEB: Go to <http://www.montgomerycountymd.gov/safespeedpay> to pay via credit card (VISA/MC).

PAY BY PHONE: Call 1-866-818-3844 and follow the automated prompts. Please have your ticket number and credit card ready.

PAY BY MAIL: Check or money order should be made payable to **Montgomery County**. Mail your payment and remittance stub to: **P.O. Box 10549, Rockville, MD 20849**. Write the citation number and license plate number on your check or money order TO ENSURE PROPER CREDIT. Returned checks are subject to electronic redeposit for the face amount and a returned check fee of \$35.00. **DO NOT SEND CASH.**

WALK-IN PAYMENTS: Pay in person at 4040 Blackburn Ln. Suite 200, Burtonsville, MD (Monday-Friday 8:00am-5:00pm), or 255 Rockville Pike Rockville, MD. Entrance on Monroe Street (Monday – Friday 8:00am-4:30pm). Methods of payment accepted are cash, check, money order or credit card (Visa/MC).



Both the District Court and the Department of Police will make any reasonable accommodation for persons with disabilities. Requests must be directed to the appropriate agency prior to visiting the facility. **Safe Speed Customer Service 1-866-818-3844, District Court: (301) 279-1520.**

TO REQUEST A COURT DATE:

1) To request a hearing, complete the request form below at least five (5) days prior to the due date of this notice and return it to: **P.O. Box 10549, Rockville, MD 20849**. You must appear in Court or pay the citation by the scheduled court date to avoid being assessed court fees.

2) If you, as the registered owner, were not operating the vehicle at the time of this infraction and choose to identify the person who was, you shall provide to the District Court a sworn to and affirmed statement and mail by certified mail. **Your statement must swear and affirm** that the person named in the citation was not operating the vehicle at the time of the violation and include any other corroborating evidence. All requests must be received no later than thirty (30) days after the mail date of the citation. Send your request in an envelope clearly marked "Transfer of Liability" to: Automated Traffic Enforcement Unit, **P.O. Box 10314, Gaithersburg, MD 20898-0314**

3) If you want to request the speed monitoring system operator be present and testify at the hearing, you are required to submit a separate request in writing no later than twenty (20) days before your scheduled hearing date. Please include the citation number on your request. Send this correspondence in an envelope marked "Operator Request" to: **P.O. Box 10549, Rockville, MD 20849**.

-----  (Detach and Return to Request a Hearing)  -----

☐ **I AM CONTESTING THIS CITATION AND ELECT TO HAVE A HEARING.**

CITATION # _____ **CONTACT PHONE #** _____
You will be mailed notification of the place, time and date of your hearing.

☐ **MY VEHICLE WAS STOLEN**

The owner **MUST** provide a copy of the police report detailing that the vehicle or tag was stolen prior to the violation.